

INVOICE

Invoice No: _____ Date: _____

Due Date: _____ PO Number: _____

BILL TO

SERVICE LOCATION (IF DIFFERENT)

SERVICE DESCRIPTION / AREA	SPECIFICATIONS / SCOPE	QTY / HOURS	RATE	TOTAL

PAYMENT TERMS & INSTRUCTIONS

Subtotal _____
Tax Code / Rate _____
Tax Amount _____
Total Due _____

Thank you for your business.